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DATE: February 28, 2007

PTO IDENTIFIER: Application Number 10/646,070-Conf. #8796
Patent Number

Inventor: Michael W. Graham et al.

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: PATTON BOGGS LLP

Therese M. Finan

PHONE: (703) 744-8069

Attorney Dkt. #: 025122.0101N1US

PAGES (Including Cover Sheet): 25

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PTO/SB/87 (09-04)

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Application No. (If known): 10/646,070

Attorney Docket No.: 025122.0101N1US

Certificate of Transmission under 37 CFR 1.8

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42,533
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Certificate of Transmission (1 page)

Amendment Transmittal (1 page)

Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)

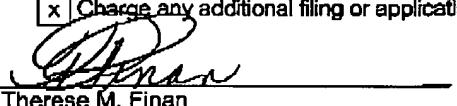
Fee Transmittal (1 page)

Amendment (19 pages)

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| AMENDMENT TRANSMITTAL LETTER | | | | Docket No. 025122.0101N1US | |
|---|----------------------------------|--------------------------------|-----------------------------|-------------------------------|----------|
| Application No. 10/848,070-Conf. #8796 | Filing Date August 22, 2003 | Examiner B. A. Whiteman | Art Unit 1635 | | |
| Applicant(s): Michael W. Graham et al. | | | | | |
| Invention: CONTROL OF A GENE EXPRESSION | | | | | |
| TO THE COMMISSIONER FOR PATENTS | | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | 40 | - 106 = | 0 | x | |
| Independent Claims | 3 | - 5 = | 0 | x | |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | |
| Other fee (please specify): Extension for response within third month | | | | | 1,020.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 1,020.00 |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity <input type="checkbox"/> No additional fee is required for this amendment. <input type="checkbox"/> Please charge Deposit Account No. 50-2228 in the amount of \$. A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 50-2228 as described below. <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | | |
|  Dated: February 28, 2007 | | | | | |
| Therese M. Finan Attorney/Agent Reg. No.: 42,533 | | | | | |
| PATTON BOGGS LLP 8484 Westpark Drive, 9th Floor McLean, Virginia 22102 (703) 744-8069 | | | | | |

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PAGE 3/25 * RCVD AT 2/28/2007 8:14:32 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-6/43 * DNI:2738300 * CSID: * DURATION (mm:ss):03:54

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| | | | |
|--|--|--------------------------|------------------------|
| Effective on 12/08/2004. Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | Complete if Known | |
| | | Application Number | 10/646,070-Conf. #8796 |
| | | Filing Date | August 22, 2003 |
| | | First Named Inventor | Michael W. Graham |
| | | Examiner Name | B. A. Whiteman |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Art Unit | 1635 |
| TOTAL AMOUNT OF PAYMENT (\$ 1,020.00) | | Attorney Docket No. | 025122.0101N1US |

METHOD OF PAYMENT (check all that apply)

| | | | | |
|--|---|---|-------------------------------|---|
| <input type="checkbox"/> Check | <input checked="" type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order | <input type="checkbox"/> Nonc | <input type="checkbox"/> Other (please identify): _____ |
| <input type="checkbox"/> Deposit Account | | Deposit Account Number: 50-2228 | | Deposit Account Name: _____ Patton Boggs LLP |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | |
| <input type="checkbox"/> Charge fee(s) indicated below | | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | | <input checked="" type="checkbox"/> Credit any overpayments | | |

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|--------------|-------------|--------------|------------------|--------------|----------------|
| | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

| Small Entity | |
|--------------|----------|
| Fee (\$) | Fee (\$) |
| 50 | 25 |
| 200 | 100 |
| 360 | 180 |

Each independent claim over 3 (including Reissues)

Multiple dependent claims

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims |
|--------------|--------------|----------|---------------|---------------------------|
| 40 | - 20 = 0 | x | = | |
| | | | | |
| | | | | |
| | | | | |

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

3 - 3 = 0 x =

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| | - 100 = | /50 (round up to a whole number) x | = | |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

| SUBMITTED BY | | Registration No. (Attorney/Agent) | Telephone |
|-------------------|----------------------------|-----------------------------------|-------------------|
| Signature | <i>Therese M. Flanagan</i> | 42,533 | (703) 744-8089 |
| Name (Print/Type) | Therese M. Flanagan | Date | February 28, 2007 |

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